

FEB 29 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township St. Ferdinand  
City St. Louis (No. 1)

Registration District No. 784  
Primary Registration District No. 6030

File No. 2915  
Registered No. 25  
St. 1 Ward

2. FULL NAME

Peter G. Carey

(a) Residence, No. 8515 Clifton Ave. Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Carey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/8/1894

7. AGE YEARS 43 MONTHS 0 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bread Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Papendick Baker

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Peter J. Carey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Mary Marsh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. Bertha Carey  
8515 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 2-12-1937

19. UNDERTAKER (ADDRESS) W. A. Stock Und. Co.  
2117 E. Grand Blvd.

20. FILED 2-10-1937 W. A. Zeitler Registrar.

Rev. C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19....., to ..... , 19.....

I last saw h..... alive on ..... , 19..... Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Heart attack  
while coming on auto-  
truck which overturned  
on a public highway  
Date of onset 2/9/37

Other contributory causes of importance:

Fractured Skull  
2/9/37

Name of operation ..... Date of .....  
What test confirmed diagnosis? Official report Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/9, 1937

Where did injury occur? Public Highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Highway  
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) John J. O'Connell, M. D.

(Address) St. Louis, Mo.

MAY 11 1956

JUN 6 1945